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FEC FORM 1

HAND DELVEETS

STATEMENT OF ORGANIZATION

RECEIVED FEC MAIL CENTER

2016 JAN -5 PM 4: 22

Office Use Only

NAME OF COMMITTEE (in full)	(Check if name is changed)	Example:If typing, type over the lines.	12FE4M5	
America's Essential	Hospitals Politica	Action Committee	, ("Essential	Hospitals PAC")
ADDRESS (number and street) (Check if address is changed)	401 9th Stree Suite 900 Washington	t, NW	DC 2	0004 ZIP CODE
COMMITTEE'S E-MAIL ADDRES				
(Check if address is changed)	[awalsh@ess	entialhospitals.c	rg.	
COMMITTEE'S WEB PAGE ADD	DRESS (URL)		1	
(Check if address is changed)				
2. DATE 01 '5	2016			,
3. FEC IDENTIFICATION NU	імвек С			
4. IS THIS STATEMENT	NEW (N) OR	AMENDED (A)		·
Type or Print Name of Treasurer Signature of Treasurer NOTE: Submission of false, errone	Shawn Gren	nminger	Date Other	' <u>2 ' 20 / 6</u>
Office Use		For further information Federal Election Commiss Toll Free 800-424-9530		FEC FORM 1 (Revised 02/2009)

FEC F	orm 1 (Revised 02/2009)	Page 2
_	COMMITTEE	
	te Committee:	
(a) [This committee is a principal campaign committee. (Complete the candidate information below.)	
(b) ·	This committee is an authorized committee, and is NOT a principal campaign committee. (Cominformation below.)	plete the candidate
Name of Candidate		
Candidate Party Affilia	Office Sought: House Senate President	State District
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate		
Party Co	mmittee:	
(d)		(Democratic, Republican, etc.) Part
Political	Action Committee (PAC):	·
(e) X	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con	nected organization is
	Corporation Corporation w/o Capital Stock	Labor Organization
	Membership Organization Trade Association	Cooperative
		o o o porta in vo
	In addition, this committee is a Lobbyist/Registrant PAC.	
(f)	This committee supports/opposes more than one Federal candidate, and is NOT a separate se committee. (i.e., nonconnected committee)	gregated fund or par
	In addition, this committee is a Lobbyist/Registrant PAC.	
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Joint Fur	ndraising Representative:	
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	vo or more political
(h) _	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	o or more political
Со	mmittees Participating in Joint Fundraiser	
1.	FEC ID number	
2.	FEC ID number	
3.	FEC ID number C	
4		

_	FEC Form 1 (Revised	02/2009)	Page 3			
Write or Type Committee Name						
A	America's Essentia	Hospitals Political Action Committee, ("Essential Hos	pitals PAC")			
6.	Name of Any Connected	Organization, Affiliated Committee, Joint Fundraising Representative, or Leadershi	p PAC Sponsor			
<u> </u>	∖merica's Esse	ntial Hospitals	<u> </u>			
L						
	Mailing Address	[401 9th Street, NW				
		Suite 900				
	•		[,]-] , , , ,]			
		CITY STATE Z	IP CODE			
	Relationship: Connecte	d Organization Affiliated Committee Joint Fundraising Representative Lead	ership PAC Sponsor			
7.	Custodian of Records: Ide books and records.	ntify by name, address (phone number optional) and position of the person in posso	ession of committee			
	Full Name Aime	e Steel	<u> </u>			
	Mailing Address	800 17th Street, NW				
		Suite 1100				
		Washington DC 20006				
	Title or Position	CITY STATE Z	IP CODE			
	Custodian of Red	cords Telephone number 202 - 828	3, -[1895			
8.	Treasurer: List the name ar any designated agent (e.g.,	nd address (phone number optional) of the treasurer of the committee; and the nam assistant treasurer).	e and address of			
	Full Name of Treasurer	n Gremminger	<u></u>			
	Mailing Address	401 9th Street, NW				
		Suite 900				
		Washington DC 20004	P CODE			
	Title of Desition	SIMIE Z	OODL			

Telephone number

	rm 1 (Revised 02/2009)	Page 4
Full Name of Designated Agent	[Amanda,Walsh	
Mailing Address	401,9th Street, NW	
	Suite 900	
	Washington DC 2000	4 -
Title or Position Asst. Treas		85, - 0551,
	poxes or maintains funds.	
Name of Bank,	լΒank _ı of America	
	Bank of America	
	Bank of America 730 15th Street, NW	
Name of Bank, I	Bank of America	<u>4</u>
	Bank of America 730 15th Street, NW	4, , , , , , , , , , , , , , , , , , ,
	Bank of America 730 15th Street, NW DC 2000	
Mailing Address	Bank of America 730 15th Street, NW DC 2000 CITY STATE	
Mailing Address	Bank of America 730 15th Street, NW DC 2000 CITY STATE	
Mailing Address	Bank of America 730 15th Street, NW DC 2000 CITY STATE	
Mailing Address Name of Bank, Mailing Address	Bank of America 730 15th Street, NW DC 2000 CITY STATE	

Hand Delivered

Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMIN The FEC added this page to the end of this filing to indicat	
Hand Delivered	Date of Receipt
Postmarked USPS First Class Mail	Date of Receipt
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USPS Priority Mail	Postmarked
USPS Priority Mail Express	Postmarked
Postmark Illegible	
No Postmark	
Overnight Delivery Service (Specify):	Shipping Date
Next Busine	ess Day Delivery
Received from House Records & Registration Office	Date of Receipt
Received from Senate Public Records Office	Date of Receipt
Received from Electronic Filing Office	Date of Receipt
Other (Specify):	Receipt or Postmarked
PREPARER O	116116 DATE PREPARED
(3/2015)	